

Team Nutrition Mini-grant application -NSLP

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TN Team Leader(s)	Position	Program	Address	phone	e-mail
	staff	Any town	999 Oak St Any town	555-1212	
	Health consultant				
Other TN Team members					
Administrator Director or Program Administrator			Food service representative		
Nurse			Health care provider		
Parent			Community representative (include organization name)		
Community representative (include organization name)			Other (please describe)		

Budget - Identify items to be purchased and estimated costs. (2 points)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
Food Guide Pyramid	\$200	Volunteer	\$0	Fruits and vegetables	\$150
Model		2 staff @ 2 hours		for taste testing	
Food models	\$100	planning time			
	Total \$300				Total \$150
Equipment	Cost	Office (printing, postage, etc.)	Cost	Equipment	Cost
		Paper copies of	\$25	Jump ropes	\$25
		recipes to send home			
	total		Total \$25		Total \$25
Total Amount Requested _____ \$500 _____					

Check the assessment tool you used to identify your needs.

Program Name _____

 X *Changing the Scene*

_____ School Health Index (available at <http://apps.nccd.cdc.gov/shi/>)

_____ Other (please describe): _____)

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

Classroom	Center wide	Food service	Family	Community	Media
X	X	X	X		

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

We identified a need to introduce healthy snacks, especially fruits and vegetables to our students. We found that not many were getting fresh forms of fruits and vegetables outside of the meals. We will introduce some new ways to prepare fresh fruits and vegetables with the students and then send home the recipes for the families to try together. We will increase the number of times students have the opportunity to be physically active during the day.

2. Describe activities you plan to conduct with the mini-grant and how they support the four Team Nutrition messages. (2 points)

1. Use healthy resources to select recipes for students to make.
2. Prepare the recipes.
3. Send home the recipe with the students to try with their parents.
4. Increase physical activity throughout the day through walking during free time.

Program Name_____

3. How will the items listed in the budget support these activities? (2 points)

1. The Food Guide Pyramid and food models will be used during the snack activities and in helping the students learn about foods and where they fit into the Food Guide Pyramid.
2. Foods will be purchased for the educational activity, and not used as a part of the regular meal programs offered by the school.
3. The jump ropes will be used to increase the physical activity of the students during free playtime.
4. Copies of recipes will be sent home with the students for families to try together.

BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

We will demonstrate a food activity at the local community festival. This will show community families how easy healthy eating and physical activity can be.

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten _____ grades 1-2_____ grades 3-5_____ middle school__X__

I understand that as a condition of our program receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Sponsor representative - print name)

(Sponsor representative - signature)

Date signed

Send completed application to: Janet Wendland, Consultant
Bureau of Nutrition Programs and School Transportation
Grimes State Office Building
Des Moines, IA 50319-0146